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EFS ID:

14143

Application ID:

09683967

Title of Invention:

MICROMACHINED LYSING DEVICE AND METHOD FOR PERFORMING

CELL LYSIS

First Named Inventor:

Douglas Sparks

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2002-03-07

Submission Type:

Utility Patent Filing

Filing Type:

Ci

A. Wales

new-utility

Confirmation Number:

0

Attorney Docket Number:

A1-1423

Digital Certificate Holder:

cn=Domenica N. S. Hartman, ou=Registered Attorneys, ou=Patent

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Total Fees Authorized:

\$1794.0

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Deposit Account Number:

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Deposit Account Name:

Domenica N.S. Hartman

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Attorney Docket

Number:

A1-1423

Submission Type: Utility Patent

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MICROMACHINED LYSING DEVICE AND METHOD FOR PERFORMING CELL LYSIS

First Named Inventor: Mr. Douglas Ray Sparks

SUBMITTED BY

Name:

Mrs. Domenica N.S. Hartman

Registration Number:

32701

Electronic Signature Mark:

Domenica N.S. Hartman

Date Signed: 20020307

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Attached Files:

declaration

A1-1423-DEC-p1.tif

declaration

A1-1423-DEC-p2.tif

declaration specification patent-assignments bibd-transmittal

fee-transmittal

Attached Image File(s): A1-1423-DEC-p1.tif A1-1423-DEC-p2.tif

A1-1423-POA.tif

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Comments:

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DECLARATION FOR DESIGN	N LICATION 1.63) T	First Named Invento	r	Douglas	Ray Sparks	
PATENT APPLI		COMPLETE IF KNOWN				
(37 CFR 1		Application Number				
[2] Sectionalism		Filing Date				
Declaration Submitted OR	Declaration Submitted after Initial	Art Unit				-
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name				
As the below named inventor, I here	eby declare that:					
My residence, mailing address, and ci	tizenship are as stated belo	w next to my name.				
I believe I am the original and first inve	-	·	ch a pat	lent is soug	ht on the invention e	ntitl
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the specification of which	(Title of the In	evention)				
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Application Number	and was amende	ed on (MM/DD/YYYY)			(if applicable	e).
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I hereby state that I have reviewed and any amendment specifically referred to	d understand the contents of above.	f the above identified speci	fication	, including t	he claims, as amend	led
I acknowledge the duty to disclose info applications, material information which	rmation which is material to h became available between	patentability as defined in the filing date of the prior	37 CFF applica	R 1.56, inclu	iding for continuation	i-in-
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[Page 1 of 2]

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NAME OF SOLE OR FIRST INVENTOR:	A petition h	as been filed for this u	nsigned inventor
Given Name Douglas Ray (first and middle [if any])		Family Name Sparks or Surname	
Inventor's Douglas Ray &	abz_		7/2 8/02 Date
Whitmore Lake Residence: City	Mi State	US Country	US Cittzenship
Mailing Address 9024 Posey ()	ر.		
cmy Whitmore Lake	State M\	ZIP 4818°	Country US
NAME OF SECOND INVENTOR:	A petition has	s been filed for this un	signed inventor
Given Name (first and middle [if any])		Family Name or Surname	
inventor's Signature		•	Date
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Additional inventors are being named on the	_supplemental Addition	onal Inventor(s) sheet(s) PT	O/SB/02A attached hereto.

Please type a plus sign (+) inside this box Total Processor of the proc	Managhan a phosphar (c	National Nation					
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT I hereby appoint: Practitioner(s) named below: Practitioner(s) named below: Application Number Filing Date First Named Inventor Douglas Ray Sparks Title MICROMACHINED	Please type a plus sign (+) inside this box				10/31/2002. 0	MB 0651-0035
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Assignee of record of the entire interest. See 37 CFR 3.71.	Assignee of re	acord of the entire interest So	e 37 CFP 3 74				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				96).			
SIGNATURE of Applicant or Assignee of Record							
Name Douglas Ray Sparks	Name Do						

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Domenica N.S. Hartman

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Domenica N.S. Hartman

Date Signed:

20020307

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 53	103	\$ 18	33	\$ 594
Independent Claims: 8	102	\$ 84	5	\$ 420

ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
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